FOR INSTRUCTIONS, SEE BACK OF FORM

File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

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DISCLOSURE SUMMARY PAGE

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Effective January 1, 2010, all statements and reports filed by new committees MPAIGH DISCLOSURE R for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed 2010 MAY 18 AM 9: 58 electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically. Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) ommittee to Elect May **FORM** DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for:

[1] Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (Rev. 12/2009) REPORT (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political For Office Use Only Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged in S Candidate\_Name Political Party (if applicable) Scanned -Democrat Computer District (if Senate or House) Office Sought Audited Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # / ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in County & Lucal County & Lucal Which Election is held WORTH (You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ......\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)...... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) ......\$

YES

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

**CANDIDATE COMMITTEES ONLY:** 

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$

## CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect May Reset Form Reset Form CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
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5/4/10	CK#	First Security Banke Trust Manly, Iowa Branch 809 Clark Street Charles City, IA.		\$ 35.87	
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\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no

familial relationship, enter "not applicable" in the relationship column.

Page / of / (for Schedule A)

TOTAL (if last page of this schedule)